PTOSEOS (08-03)
Approved for use Draugh 7/31/2008, Cale 0551-0232
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Adamsh Office, U.S. DEPARTMENT OF COMMERCE

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(1))	• •
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7-106 (Column 1) (Column 2) (Column 3)	<u>.:</u>
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hotopasters 2 Minus OR M.S OR M.S	
FIRST PRESENTATION OF MILLIPLE DEPENDENT CLAIM (37 CFR 1.19(3) +5 OR +5	
TOTAL TOTAL ADD'T FEE OR ADD'T FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	

"If the Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.

The Trighest Number Previously Paid For" (Total or thiopenderf) is the highest number found in the appropriate box in column 1.

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